

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000061745

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** VIDEO VERIFICATION LLC

**Current Principal Place of Business:**

677 VENTURE CT  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

3625 S.R. 419  
260  
WINTER SPRINGS, FL 32708 US

**Current Mailing Address:**

677 VENTURE CT  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

P.O. BOX 197120  
WINTER SPRINGS, FL 32708 US

**FEI Number:** 20-5056472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRIM, JOHN H  
161 E ROSE AVE  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CHAPPELL, GILBERT  
**Address:** 677 VENTURE CT  
**City-St-Zip:** WINTER SPRINGS, FL 32708 US

**Title:** MGRM  
**Name:** MARTOF, MICHAEL  
**Address:** 1778 WILLA CIRCLE  
**City-St-Zip:** WINTER PARK, FL 32792

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** MICHAEL MARTOF

MGRM

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date